FEC - RAD Reports Analysis Div

FEC FORM 3		D DISB For An Auth	URSE	MENT	•	FE	7	Use Only	
NAME OF COMMITTEE (in		E OR PRINT ¥		example: If type ever the lines.	oing, type	12FE4	м5	:	· · · · · · · · · · · · · · · · · · ·
ADDRESS (number and	street)	R. f.o.R. 0.3.3. M		1111					
Check if different than previous reported. (AC	sly In	AUIASL	111	1.1.1.1	لبيا	TIX	175	71087-L	لـــا
2. FEC IDENTIFICA	ATION NUMBE	. –	IS THIS REPORT	½ NE	w OR	STATE AME	NDED	ZIP CODE STATE ▼	
July 15 C	•	(Q1) (Q2)	12-Day PRI	Primary (12 Convention	P) :	General Special	(12S)	in the State of	7 K
: ¿ January 3	1 Year-End Repo	ort (YE) (c)	30-Day POS	T-Election Re	i	: Runoff (30A)	Speci	ial (30S)
Terminatio	n Report (TER)		Election on	0 5	34'	201	2 [†]	in the State of	TX
5. Covering Period I certify that I have examinate or Print Name of Tourish	mined this Repo		est of my kn	owledge and	belief it is tr	ue, correct a	nd comple	rte.	Wgaden
Signature of Treasurer	_Res	Rosar sario	Ros	drigu	e 2 0	date / 2	1. /: "	4 20	12
NOTE: Submission of fals	e, erroneous, or	Incomplete infor	mation may s	ubject the per	son signing t	his Report to	the penalti	es of 2 U.S.C.	§437g.
Office	}		!				FEC	FORM 3	,

FEC Form 3 (Revised 02/2003)	SUMMARY PAGE of Receipts and Disbursement
Write or Type Committee Name	

Page 2

Steve Sglazge for Congress

Report Covering the Period:

07/01/2012

_						LUMN is Peri			C(Election	Cycle-t	_
6.	Ne	t Contributions (other than loans)									
	(a)	Total Contributions (other than loans) (from Line 11(e))	: .	. 5		3 .	0,00	! ! :	,	.,	0.00
	(b)	Total Contribution Refunds (from Line 20(d))	j	· •	•.••		0.00		. 79		0.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	: i	1		7	0.00		.		0.00
7.	Net	Operating Expenditures									
	(a)	Total Operating Expenditures (from Line 17)		;	:	, .	0.00	,	,	,	0.00
	(b)	Total Offsets to Operating Expenditures (from Line 14)	; ;	. 7		. ·	0.00	:	4	· y	0.00
		Net Operating Expenditures (subtract Line 7(b) from Line 7(a))		4 .	• :	3	0.00). : :	>	9	 0.00
B		n on Hand at Close of orting Period (from Line 27)	;	7		· 7	0.00				
	the (s and Obligations Owed TO Committee (Itemize all on Idule C and/or Schedule D)		· .		4 . ·	0.00				
	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)			"		·s ·	0.00				

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toli Free 800-424-9530 Local 202-694-1100

FE5AN018

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name Steve Salazar for Congress

Report Covering the Period:

I. RECEIPTS			COLU Total This		COLUMN B Election Cycle-to-Date		
1	1. CONTRIBUTIONS (other than loans) FROM:		:				
	(a)	Individuals/Persons Other Than					
		Political Committees (i) Itemized (use Schedule A)	, ,	0.00	4	, 0.00	
		(ii) Uniternized	• • • • • • • • • • • • • • • • • • •	0.00	7	, 0,00	
		(iii) TOTAL of contributions from individuals	1	0.00		, 0.00	
		Political Party Committees	• • • • • • • • • • • • • • • • • • •	0.00		, 0.00	
	(c)	Other Political Committees (such as PACs)	, ,	0.00	•	, 0.00	
	(d) (e)	The Candidate TOTAL CONTRIBUTIONS	3 3	0,00		0.00	
		(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	· · · · · · · · · · · · · · · · · · ·	0.00	9	0.00	
12.		NSFERS FROM OTHER HORIZED COMMITTEES		0.00		0.00	
13.	LOA						
	• •	Made or Guaranteed by the Candidate		0.00		0.00	
		All Other Loans	7	0.00	3 . 7	0.00	
	٠,,	(add Lines 13(a) and (b))	7	0.00	,	0.00	
14.		SETS TO OPERATING					
		nds, Rebates, etc.)	, ,	0.00	7. 7	0.00	
15.		R RECEIPTS ends, Interest, etc.)	, , , , , , , , , , , , , , , , , , ,	0.00	1 7 7	0.00	
	11(e),	L RECEIPTS (add Lines 12, 13(c), 14, and 15) Total to Line 24, page 4)	, ,	0.00		. O.O	

FE5AN018

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Disbursements

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period		COLUMN B Election Cycle-to-Date			
17.	OPERATING EXPENDITURES	, , , 0.00		. 6.66			
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	, , 0.00	•	, 0.0C			
19.	LOAN REPAYMENTS:	•	·				
	(a) Of Loans Made or Guaranteed						
	by the Candidate	, , 0.00	.9	, 0 00			
	(b) Of All Other Loans	7 0.00		, 0.00			
	(c) TOTAL LOAN REPAYMENTS			. , , , , , , , , , , , , , , , , , , ,			
	(add Lines 19(a) and (b))	, , 0,00	•	7 . O O O			
20.	REFUNDS OF CONTRIBUTIONS TO:						
	(a) Individuals/Persons Other		•	· · · · · · · · · · · · · · · · · · ·			
	Than Political Committees	, , , 0-00	4	, 0.00			
	(b) Political Party Committees	, , , 0-00		, 6.00			
	(c) Other Political Committees						
	(such as PACs)	, , , 0.00	, , , ,	, 0-00			
	(d) TOTAL CONTRIBUTION REFUNDS						
	(add Lines 20(a), (b), and (c))	0.00		, 0.00			
1.	OTHER DISBURSEMENTS	. 0.00	•	, 0.00			
	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	, , , , , , , , , , , , , , , , , , , ,	,	0-00			
-	III. CASH SU	MMARY					
3.	Cash on hand at beginning of Repor	ITING PERIOD	,	, 0.00			
1	TOTAL RECEIPTS THIS PERIOD (from Line 1	6, page 3)	#	. 0.00			
i. \$	SUBTOTAL (add Line 23 and Line 24)		•	, 0.00			
i. 1	OTAL DISBURSEMENTS THIS PERIOD (from	n Line 22)	: • • •	, 0.00			
	ASH ON HAND AT CLOSE OF REPORTING	PERIOD					

SCHEDULE A	(FEC Form 3)
ITEMIZED REC	EIPTS

SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE OF (check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 11d				
Any information copied from such Reports and Stron for openmercial purposes, rather than using the	tatements m	ay not be sold or used by any paddress of any political economitte	person for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)		1					
Steve Salaza. Full Name (Last, First, Middle Initial)	Rf	or Congres	S				
Full Name (Last, First, Middle Initial)							
A. Saluzar, Steve. Mailing Address			Date of Receipt				
	BLI	V ()	- ·				
DAILAS	State	7.5 208					
FEC ID number of contributing federal political committee.	C	05/8021	Amount of Each Receipt this Period				
Name of Employer	Occupation						
Receipt For: Primary General Other (specify)	Election Cy	/cle-to-Ωate					
Full Name (Last, First, Middle Initial)			Date of Receipt				
Mailing Address			1.				
City	State	Zip Code					
FEC ID number of contributing federal political committee.	С	·	Amount of Each Receipt this Period				
Name of Employer	Occupation	1					
Receipt Foc:		cle-to-Date	†				
Primary General Other (specify)	•						
Full Name (Last, First, Middle Initial)			Date of Receipt				
Malling Address			-				
City	State	Zip Code					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
Name of Employer	Occupation						
Receipt For: Primary General Other (specify)	Election Cy	cie-to-Date					
Receipt For: Primary General	Election Cy	cie-to-Date					

FEC Schedule A (Form 3) (Revised 02/2009)

TOTAL This Period (last page this line number only).....

CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate schedule(s) (a for each category of the	OR LINE NUMBER: PAGE OF check only one)
EMIZED DISBURSEMENTS	for each category of the	
		17 18 19a 19b
	Detailed Summary Page	17 18 19a 19b 20a 20b 20c 21
y information copied from such Reports and Statements for commercial purposes, either than using the name and		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Steve Salaza Full Name (Last, First, Middle Initial) SalazaR, Steve	R for Cor	19185
Full Name (Last, First, Middle Initial)		Date of Disbursement
Salazar Steve		
Maling Address	ung B/VD Zip Code 75208	1
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	15208	0.00
•		
Candidate Name	Category/ Type	
Office Sought: House Disbursement Fo		}
Senate Primar President Other	General specify)	
State: District:	,pecility	
Full Name (Last, First, Middle Initial)		
		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category/ Type	
Office Sought: House Disbursement Fo		
Senate Primar President Other		
State: District:	poony)	
Full Name (Last, First, Middle Initial)		
		Date of Disbursement
Mailing Address	11 To 10 10 49 1	
City State 2	p Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category/	
Office Sought: House Disbursement Fo		· ·
Senate Primar	General	-
	pecify)	
President Other		·

TOTAL This Period (last page this line number only).....

FEC Schedule B (Form 3) (Revised 02/2009)

FE5AN018

Date Incurred Date Due M. M. / D. D. / Y. Y. Y. M. M. / D. D. / Y. Y. List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Malling Address City State ZIP Code City State ZIP Code A. City State ZIP Code	Detailed Summary Page Congress Congress	
LOAN SOURCE Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Original Amount of Loan Cumulative Payment To D TERMS Date Incurred Date Due M M / D D / Y Y Y Y M M / D D / Y Y List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code City State ZIP Code City State ZIP Code O 3. Full Name (Last, First, Middle Initial)	Election: Primary General Other (specify) Balance Outstanding at Close of This P interest Rate Secured: Y Name of Employer Decupation	Period
LOAN SOURCE Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Original Amount of Loan Cumulative Payment To D TERMS Date Incurred Date Due M M / D D / Y Y Y Y M M / D D / Y Y List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code City State ZIP Code City State ZIP Code O 3. Full Name (Last, First, Middle Initial) N	Primary General Other (specify) Balance Outstanding at Close of This P Interest Rate Secured: Y Yes Name of Employer Occupation	<i>ا</i> م
City State ZIP Code Original Amount of Loan Cumulative Payment To D TERMS Date Incurred Date Due M M / D D / Y Y Y Y M M / D D / Y Y List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Malling Address City State ZIP Code City State ZIP Code City State ZIP Code A City State ZIP Code	Primary General Other (specify) Balance Outstanding at Close of This P Interest Rate Secured: Y Yes Name of Employer Occupation	<i>ا</i> م
City State ZIP Code Original Amount of Loan Cumulative Payment To D TERMS Date Incurred Date Due M M / D D / Y Y Y Y M M / D D / Y Y List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Malling Address City State ZIP Code City State ZIP Code City State ZIP Code City State ZIP Code A City State ZIP Code A City State ZIP Code City State ZIP Code A City State ZIP Code A City State ZIP Code City State ZIP Code A City State ZIP Code	Primary General Other (specify) Balance Outstanding at Close of This P Interest Rate Secured: Y Yes Name of Employer Occupation	
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City State ZIP Code Original Amount of Loan Cumulative Payment To D TERMS Date Incurred Date Due M M / D D / Y Y Y M M / D D / Y Y List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Malling Address City State ZIP Code City State ZIP Code City State ZIP Code A City State ZIP Code O O A City State ZIP Code O O A City State ZIP Code O O O A City State ZIP Code	Balance Outstanding at Close of This P Interest Rate Secured: Y Warne of Employer Occupation	<i>خ</i>
Original Amount of Loan Cumulative Payment To D TERMS Date Incurred Date Due M. M. / D. D. / Y. Y. Y. M. M. / D. D. / Y. Y. List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Malling Address City State ZiP Code City State ZiP Code City State ZiP Code A City State ZiP Code City State ZiP Code A City State ZiP Code	Pate Balance Outstanding at Close of This P , , , , O . O Interest Rate Secured: , , , , (apr) Yes Name of Employer Occupation	
TERMS Date Incurred M M / D D / Y Y Y M M / D D / Y Y List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Malling Address City State ZIP Code City State ZIP Code A City State ZIP Code City State ZIP Code City State ZIP Code City State ZIP Code	Interest Rate Secured: (Y) (apr) Yes Name of Employer Occupation	
TERMS Date Incurred M. M. J. D. D. J. Y. Y. M. M. J. D. D. J. Y. Y. List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Malling Address City State ZIP Code City State ZIP Code City State ZIP Code A City State ZIP Code	Interest Rate Secured: (Y) (apr) Yes Name of Employer Occupation	
Date Incurred Date Due M. M. / D. D. / Y. Y. Y. M. M. / D. D. / Y. Y. List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Malling Address City State ZIP Code C. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code A. City State ZIP Code C. City State ZIP Code	Interest Rate Secured: 'Y' Ware of Employer Coccupation]
Date Incurred Date Due M M / D D / Y Y Y M M M / D D / Y Y List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Malling Address City State ZIP Code C. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code A City State ZIP Code C C C C C C C C C C C C C	Interest Rate Secured: 'Y' Ware of Employer Coccupation]
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Malling Address City State ZIP Code C. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code A City State ZIP Code	% (apr) Yes Name of Employer Decupation	
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Malling Address City State ZIP Code 2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code A	Name of Employer Decupation	No
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Malling Address City State ZIP Code 2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code A City State ZIP Code 3. Full Name (Last, First, Middle Initial)	Occupation Amount	
City State ZIP Code 2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code A City State ZIP Code 3. Full Name (Last, First, Middle Initial)	Amount	
City State ZIP Code 2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code A City State ZIP Code 3. Full Name (Last, First, Middle Initial)		
2. Full Name (Last, First, Middle Initial) Mailing Address City State ZiP Code 3. Full Name (Last, First, Middle Initial)		
Mailing Address City State ZIP Code G C 3. Full Name (Last, First, Middle Initial)	Guaranteed Dutstanding: The state of the	
City State ZIP Code G	Name of Employer	
City State ZIP Code C 3. Full Name (Last, First, Middle Initial)	Occupation	
3. Full Name (Last, First, Middle Initial)	Amount :	
	Guaranteed Dutstanding:	
Mailing Address	lame of Employer	
Maling Address	Occupation	
T _A	mount	
1 Oity State An Obde 1 -	iuaranteed lutstanding:	
4. Full Name (Last, First, Middle Initial)	ame of Employer	
Mailing Address O	ccupation	_
A	mount	ᅱ
7 014	uaranteed utstanding:	
<u> </u>		-
UBTOTALS This Period This Page (optional)	······································	
OTALS This Period (last page in this line only)	······································	. }
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	Schadule D. corru tonuard to communicity line of Summer	一

FE5AN018

FEC Schedule C (Form 3) (Revised 02/2003)

SCHEDULE C-1 (FEC Form 3) Supplementary for Information found on LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS of Schedule C Federal Election Commission, Washington, D.C. 20463 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER Salazak Full Name Mailing Address Date Incurred or Established Date Due State Zip Code City A. Has loan been restructured? No If yes, date originally incurred B. If line of credit, Total Outstanding Amount of this Draw: Balance: 00 C. Are other parties secondarily liable for the debt incurred? (Endorsers and guarantors must be reported on Schedule C.) Yes D. Are any of the following pledged as collateral for the loan: real estate, personal What is the value of this collateral? property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? If yes, specify: Does the lender have a perfected security interest in it? No E. Are any future contributions or future receipts of interest income, pledged as What is the estimated value? collateral for the loan? No Yes If yes, specify: . 3 ' .5 . . Location of account: A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Address: Date account established: M M / . D D ! / Y Y Y Y City, State, Zip: F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. G. COMMITTEE TREASURER DATE Typed Name Signature

similar extensions of credit to other borrowers of comparable credit worthiness.

III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE

Typed Name

Signature

Title

1. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan

The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for

FESAN018

FEC Schodule C-1 (Form 3) (Revised 02/7003)

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

are accurate as stated above.

SCHEDULE D (FEC Form 3)	(Use separate	PAGE OF
DEBTS AND OBLIGATIONS	schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans	numbered line)	10
NAME OF COMMITTEE (In Full)		
Steve Salazar for Co.	ngress	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):
Malling Address		
City State Zip Code	 -	
Outstanding Balance Beginning This Period		
Amount incurred This Period Payment This Period		ng Balance at Close of This Period
	1	
7		,
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):
Mailing Address		·
)	
City State Zip Code		
City State Zip Code		
Outstanding Balance Beginning This Period		
Outstanding Balance Beginning This Period		
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period	Outstandin	g Balance at Close of This Period
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period		
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Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period	•	
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Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period	Nature of De	bt (Purpose): g Balance at Close of This Period
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Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period 1 SUBTOTALS This Period This Page (optional)	Nature of De	Balance at Close of This Period
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period SUBTOTALS This Period This Page (optional)	Outstanding	bt (Purpose): g Balance at Close of This Period

FESAN018

FEC FORM 3Z (File with Form 3) CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

_	_						
1	lar	me of Principal Campai	gn Committee (In Full)	1 '	overing Period:		
1	<u>_</u>	1/20.00	1 0 5	From:		To:	
-	Į		lazak fo	: M M - /	' : D D : / Y Y Y	Y M M / 1 D	0 / Y Y Y Y
1		Congr	- 655	07	01 201:	2 09 3	0 30/2
-	-	congr					
			Committee	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other That Political Committees			
A						0.00	0.00
В	C	Column Total Last Page	Only	·····		0.00	0.00
		(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
	A	0.00	0.00	0.00	0.00	0.00	0.00
	В	0.00	0.00	0.00	0.00	0.00	0.00
		(i) Line No. 13(c) Total Loans	() Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(f) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
	4	0.00	0.00	0.00	0.00	0.00	0.00
į	3	0.00	0.00	0.00	0.00	0.00	0.00
. }		(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
_		0.00	0.00	0.00	0.00	0.00	0.00
В		0.00	0.00	0.00	0.00	0.00	0.00
		(u) Line No. 20(d) Total Contribution Refunds	(V) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	by) Line No. 27 Cash on Hand Close of Reporting Period	(t) Line No. 9 Debts & Obligations Owed TO the Committee
A		0.00	0.00	0.00	0.00	0.00	0.00
8		0.00	0.00	0.00	0.00	0.00	0.00
		(as) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A		0.00	0.00	0.00			
В		0.00	0.00	0,00			

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt** Hand Delivered **Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Fax Roid from Other (Specify): RAD DATE PREPARED